

THE UTAH SCALE ON SERIOUS MENTAL ILLNESS (SMI) including Substance Use Disorders (SUD):

(FOR USE WITH ADULTS)

SERIOUS MENTAL ILLNESS (SMI) including SUD: *Substance Abuse and Mental Health clients must meet the following criteria:*

- ☐ **DIAGNOSIS:** Meets criteria for an ICD/DSM diagnosis of mental illness and/or SUD (but not including solely organic brain or developmental disorders).

Must also meet two of the following (check all that apply):

- ☐ **MEDICATION:** Receives psychoactive medication as part of treatment for a mental illness or substance use disorder.
- ☐ **DEPENDENCY:** Inability to independently perform activities of daily living in at least one of the following: (1) food purchase and preparation, (2) personal hygiene, (3) transportation, (4) financial management, (5) living arrangement, (6) leisure management, (7) medication management, (8) illness management, or (9) major life roles management (parenting, education, etc.).
- ☐ **PRODUCTIVITY PROBLEM:** Is either (1) marginally employed and would be unable to be employed without behavioral health services, (2) employed in a supportive/transitional/sheltered setting, (3) unemployable, (4) receives specialized school or other services, or (5) receives legal management (recurrent legal issues related to behavioral health issues).
- ☐ **SOCIAL ISOLATION:** Is socially isolated or lacks healthy social support systems and/or may use behavioral health system for social exchange.
- ☐ **PUBLIC ASSISTANCE:** Receives public assistance to meet basic needs.
- ☐ **SYMPTOM REMISSION:** Symptoms are in remission, but the patient's condition could seriously deteriorate without continued behavioral health treatment and/or support.

[] Yes [] No Check yes if the criteria are met for SMI including SUD (NOTE: Assessment must sufficiently document the items checked).

THE UTAH SCALE ON SERIOUS AND PERISITENT MENTAL ILLNESS (SPMI)

Must also meet one of the following in addition to the above criteria (check all that apply):

- ☐ **INPATIENT OR OUTPATIENT TREATMENT:** History of a continuous episode of treatment in inpatient or outpatient services for one year or more.
- ☐ **NO HISTORY:** Would meet above criteria if service history was available or has met the severity criteria for one year or more without service.
- ☐ **RESISTIVE TO TREATMENT:** Is resistive to treatment and would meet the above criteria had the patient not terminated services against advice.
- ☐ **PROSPECTIVE PERSISTENCE:** Extremely like to meet the above criteria by subsequent continuous service or is expected to meet the severity criteria for one year or more.

[] Yes [] No Check yes if criteria are met for SPMI (NOTE: Assessment must sufficiently document the items checked).

Signature: _____

Member of the Treatment Team

Date: _____